



## AUTHORIZED REPRESENTATIVE / PROTECTIVE PAYEE FOR HOOSIER WORKS CARD

State Form 49884 (1-01) / FI 0024

### REQUEST FOR FOOD STAMP HOOSIER WORKS (HW) AUTHORIZED REPRESENTATIVE

You may choose a person to be an Authorized Representative to use the Hoosier Works Card to purchase food for your household. This person will receive a Hoosier Works (HW) card with their own Personal Identification Number (PIN).

*\* This form is only used for Authorized Representatives who will have their own Hoosier Works card to purchase food. Call your caseworker if you wish to name an Authorized Representative to attend the eligibility interview on your behalf.*

1. Complete all information and signatures requested on the form.
2. Take or mail it to the local Division of Family and Children (DFC) office.
3. The DFC staff will review and sign the form.
4. Your Authorized Representative will then take a picture ID to the Hoosier Works training session where they will be issued a Hoosier Works card and a PIN number. If no picture ID is available they must have at least two forms of ID and at least one must contain a signature.
5. If you wish to cancel this authorization at any time you must call your caseworker immediately. To authorize another person to receive a Hoosier Works Card and purchase food, you must complete another copy of this form.

### RULES FOR FOOD STAMP HOOSIER WORKS AUTHORIZED REPRESENTATIVE (AUTH REPS) \*

- 3 Only one Authorized Representative (per assistance group) will be issued a Hoosier Works (HW) Card.
- 3 The Authorized Representative must attend training to receive a Hoosier Works card and a PIN number.
- 3 The Authorized Representative cannot pick-up the recipient's Hoosier Works card.
- 3 The Authorized Representative cannot select a PIN number for the recipient's Hoosier Works card.
- 3 If the Authorized Representative is also your Protective Payee, only one Hoosier Works card will be issued.
- 3 Call the DFC to obtain a form to name a new Hoosier Works Authorized Representative.
- 3 When a new Authorized Representative is named the previous Authorized Representative will be canceled.

Case name	Case number
Address (number and street, city, state, ZIP code)	Telephone number

### Section I. FOOD STAMP AUTHORIZED REPRESENTATIVE

I \_\_\_\_\_, do hereby authorize \_\_\_\_\_  
to receive and use on behalf of my household the Hoosier Works Card to obtain access to my Food Stamp benefits and purchase food.

Signature of recipient	Date (month, day, year)
Signature of authorized representative	Date (month, day, year)
Address of authorized representative (number and street, city, state, ZIP code)	Date of birth of authorized representative

The following information will only be used by the Hoosier Works Customer Service Desk to ensure the person calling is the Authorized Representative. One of the following 2 items must be completed to issue a card to the Authorized Representative.

Authorized representative's mother's maiden name 1.	
Authorized representative's Social Security number (optional if mother's maiden name is given) (Social Security Act 1137(a)(1); 42 CFR 435.910; 7 CFR 273.6; 45 CFR 205.5) 2.	
Signature of authorized DFC representative	Date (month, day, year)

(Request for TANF Protective Payee on reverse side)

## REQUEST FOR A TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) PROTECTIVE PAYEE

It has been determined that you will have a protective payee for your TANF benefits, that person will be issued a HOOSIER WORKS CARD to receive TANF (*cash*) benefits at an Automatic Teller Machine (ATM) or participating stores.

### TANF PROTECTIVE PAYEE REQUIREMENTS (PP)

- 3 If you have a Protective Payee, you will not be issued a Hoosier Works card for TANF.
- 3 You must complete another copy of this form to choose another Protective Payee.
- 3 Your choice must be approved by the DFC before another card is issued.
- 3 When a card is issued to the new Protective Payee, the previous Protective Payee will be canceled.

**All information must be completed and approved by the DFC before your Protective Payee can attend training and receive a Hoosier Works card.**

Case name	Case number
Address ( <i>number and street, city, state, ZIP code</i> )	Telephone number

## SECTION II. PROTECTIVE PAYEE FOR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)

I \_\_\_\_\_, do hereby authorize \_\_\_\_\_  
to receive and use on behalf of my household the Hoosier Works card to obtain my Temporary Assistance to Needy Families (TANF) benefits.

Signature of recipient	Date ( <i>month, day, year</i> )
Signature of TANF protective payee	Date ( <i>month, day, year</i> )
Address of protective payee ( <i>number and street, city, state, ZIP code</i> )	Date of birth of protective payee

The following information will only be used by the Hoosier Works Customer Service Desk to ensure the person calling is the Protective Payee. One of the following 2 items must be completed to issue a card to the Protective Payee.

Protective payee's mother's maiden name 1.	
Protective payee's Social Security number ( <i>optional if mother's maiden name is given</i> ) ( <i>Social Security Act 1137(a)(1); 42 CFR 435.910; 7 CFR 273.6; 45 CFR 205.5</i> ) 2.	
Signature of authorized DFC representative	Date ( <i>month, day, year</i> )